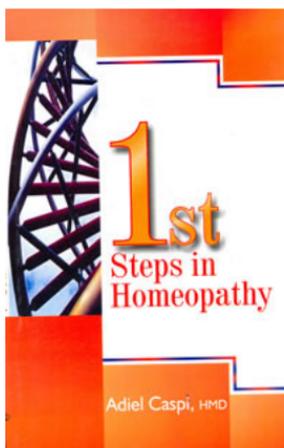


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## First steps in homeopathy

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## First Steps in Homeopathy

The following is a practical and original guide which does not come to innovate, but comes to simplify. This guide will be helpful to people who love homeopathy, to beginners in classical homeopathy, to those who study it, and to general medical practitioners who have been seduced by those strange remedies, which are composed solely of water, alcohol, and energy.

Many of these practitioners, however, apparently think that classical homeopathy is too complicated for the day-to-day work in their clinics. Consequently, perhaps out of resignation, they often practice an unorthodox homeopathy, sometimes called "clinical homeopathy". They may even prescribe combinations of remedies, although these prescriptions fully contradict the doctrine of Samuel Hahnemann and all his followers. It seems, however, that this method, in spite of its poor efficiency and multiple inconveniences, enjoys some sort of popularity, if we consider the fact that it has been used on a fairly large scale for many decades alongside classical homeopathy.

Is it necessary to remind the reader that according to the basic principles of the school of Hahnemann, the patient and not the disease has to be treated? This distinction is what differentiates homeopathy from western allopathy. The latter only considers the signs of the disease and almost completely ignores the individual being treated.

*Those who intend to practice authentic homeopathy must constantly be aware of this distinction.*

The purely "clinical" prescriptions of homeopathy may produce some results, but they may lead to more "palliations" (an artificial relief) and dangerous "suppressions" of

In the modern homeopathic literature, we find courageous confessions of known homeopaths who, at the beginning of their careers, did not respect the basic rules of homeopathy and gave their patients medium or high strength potencies over long periods of time (for example CAUSTICUM 1M for an obstinate cough). These homeopaths later observed that their patient's condition worsened and that the patient came back to the clinic with more serious symptoms. These cases of "suppression" are more common than one thinks, although practitioners do not generally identify them.

Dr. Praful Vijayakar, a well-known homeopath in India, noted that he treated a sixty-year old woman for chronic migraines when he was a young practitioner. He first tried several remedies, then prescribed Iris Vers 1M, three times each day for two or three months. The migraines finally subsided, but three months after this "cure", the woman began experiencing light trembling in her right thumb. The tremor then extended to both hands and "within a year's time she was a full-fledged case of the Parkinson disease" notes Vijayakar. "I cured her headache and crippled her with this disease!" Vijayakar cites other cases of "mistakes of one's youth" and seven years ago published a book on the dangers of homeopathic "suppressions".

Suppressions are not the only danger resulting from the incorrect use of homeopathy. "Provings" should also be considered, although patients and practitioners are seldom conscious of this possibility.

A proving is a pathogenetic experimentation, which entails repeatedly giving a perfectly healthy subject a homeopathic dilution of some specific matter in order to ascertain the symptoms that the prover exhibits to that remedy. These symptoms are then recorded in the Materia Medica, and thus we learn about\* the symptoms that the remedy is able to cure. To understand this strange process, one has to understand that, according to several researchers,

Many individuals who are not knowledgeable about homeopathy have been misled by superficial information that they have read that tells them which "recommended" remedies to take for herpes, stomach trouble, or a sore throat. This method has about 1/100 success rate in selecting the correct remedy and 80/100 success rate in leading someone to doubt the effectiveness of homeopathy!

There is no homeopathic solution to a particular symptom as long as the symptom is not individualized, with the help of a repertory, according to all that differentiates and characterizes it. This includes its modalities of aggravation and amelioration, the precise hours that characterize its appearance, and other unique traits.

### THE BARON & THE ANATOMIST

One has to place Boger's approach within the context of Baron Boenninghausen's method, which deeply influenced Boger. Homeopaths are familiar with the disagreement between the schools of Kent and Boenninghausen. Kent claimed, for instance, that a symptom like a "*spasm of the abdomen aggravated when the patient is lying down*" is a good symptom for a homeopath since the pain is characterized (spastic), has a location (abdomen), and has a modality of aggravation (worse by lying down). All this forms a complete entity, for he said that modalities can change with the location of the pain and, in the same patient, for instance, headaches may be *ameliorated* when lying down.

But for the Baron, there are no local symptoms, only general symptoms *currently localized* in a particular part of the body. His view differs from Kent's because he believed that every localized symptom is but an expression of a more general symptom picture and that the localized symptom serves only as a "witness" to the organism's overall reaction to a particular threat. For example, when a person absorbs a toxic substance, his entire organism is affected, even if his stomach seems to react more than his liver or his head. Following this

unexplained fits of jealousy, that rubric becomes very valuable. The symptom will be present in the first columns of our table of selection.

But if the same patient has been jealous for many years, if that disposition has always been a part of his personality, the thing has no more the same importance.

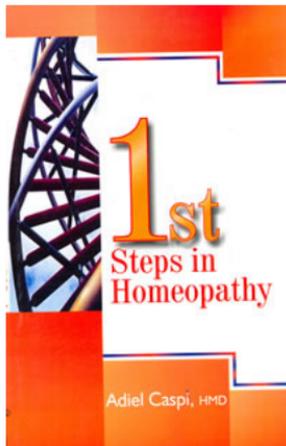
In an acute or subacute state, only will be taken into consideration the mental symptoms that appeared more or less in the same period, while in chronic conditions, on the contrary, the durable mental states of the patient are important.

Generally speaking, we shall beware not to confound acute and chronic in the repertorization of physical and emotional symptoms (this may be a source of error for beginners).

7. Other examples of the right utilization of that repertory. A patient reacted very emotionally to a family event. Since then, he suffers from headaches and sleeplessness. Let us forget for the moment these two symptoms and let us go directly to Chappell's rubrics '*excitement, emotions, etc...*' The remedy is probably present there. However, we have to make a choice, with the help of Boger's repertory, between the 16 remedies that are indicated. We shall have no difficulty to find there 2 or 3 modalities that we observed on the patient, like for instance '*aggravated on waking in the morning*', '*sleeplessness after midnight*'.

This shows how real is the complementarity existing between the two repertories, in cases where one is providing the first causation, and the second the modalities of the ensuing symptoms.

Let us take another case: a young mother had a big fright during her pregnancy. Don't believe that after his birth, the baby will have 'forgotten' that event! His first years will cause a constant worry to his mother, and he will arrive to the age of school with some little health problems



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